



Health Status - Adolescents

ADOLESCENT
CHILDBEARING

The birth rate among adolescents ages 15 to 19 decreased to 41.6 births per 1,000 females in 2003. This is 3 percent below the rate in 2002 and represents a 33 percent decrease since the most recent peak in 1991. The birth rate among the youngest adolescents, those ages 10 to 14 years, declined to 0.6 per 1,000. The number of births to this age group dropped to 6,661—the fewest reported in 45 years. Teenage birth rates

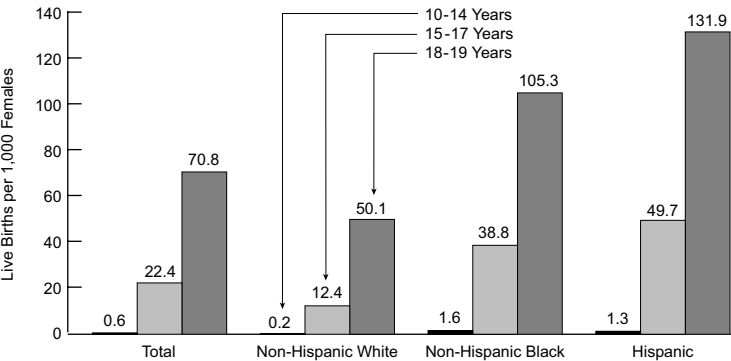
were highest among the oldest adolescents, 18 to 19 years, at 70.7 per 1,000.

Teenage birth rates have historically differed considerably by race and ethnicity. Among adolescents ages 15 to 19 years, Asian/Pacific Islanders had the lowest birth rate in 2003 (17.4 per 1,000), followed by non-Hispanic Whites (27.4 per 1,000). Although non-Hispanic Black teens had one of the highest birth rates for this age group (64.7 per 1,000), they have also experienced the largest percentage drop since 1991

(45 percent). Hispanic females had the highest birth rate among 15- to 19-year-olds (82.3 per 1,000) and the lowest percentage drop since 1991 (21 percent). Among 10- to 14-year-olds, non-Hispanic Black females had the highest birth rate (1.6 per 1,000), followed by Hispanic females (1.3 per 1,000).

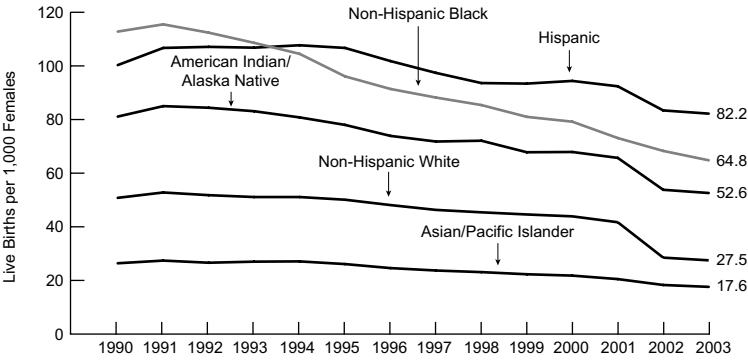
Birth Rates Among Adolescent Females, by Age and Maternal Race/Ethnicity: 2003

Source (I.5): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



Birth Rates Among Females Ages 15-19, by Maternal Race/Ethnicity: 1990-2003

Source (I.5): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



SEXUAL ACTIVITY

In 2003, 46.7 percent of high school students reported ever having sexual intercourse, representing a slight increase since 2001. Although non-Hispanic Black students were most likely to report ever having sexual intercourse (67.3 percent), they were also most likely to report condom use during their last sexual encounter (72.8 percent of sexually active students). Hispanic students were second most likely to report ever having intercourse (51.4 percent), followed by non-Hispanic White students (41.8 percent).

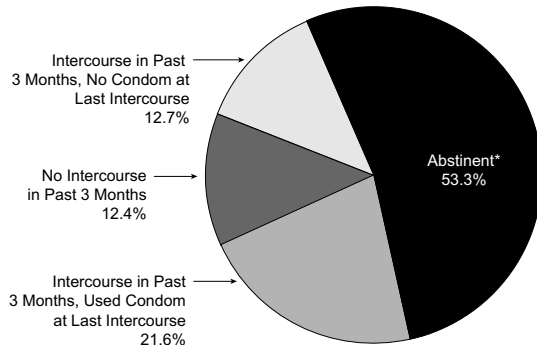
Almost half of all 12th grade students reported having sexual intercourse in the 3 months preceding the survey. Among 9th grade students, more males were currently sexually active (24 percent) than females (18.3 percent). By 12th grade, however, females were more likely to be currently sexually active (51 percent) than males (46.5 percent). More than half of all high school students reported that they have never had sexual intercourse. Abstinence Education Programs provide funding for education, mentoring, coun-

seling, and adult supervision to promote abstinence from sexual activity.

In 2003, 63 percent of sexually active students reported using a condom during their last sexual intercourse. Condom use by male students is reportedly higher than condom use by females in every grade, and younger students reported more condom use during their last sexual intercourse (69 percent of 9th and 10th graders) than older students (57.4 percent of 12th graders).

Sexual Activity Among High School Students: 2003

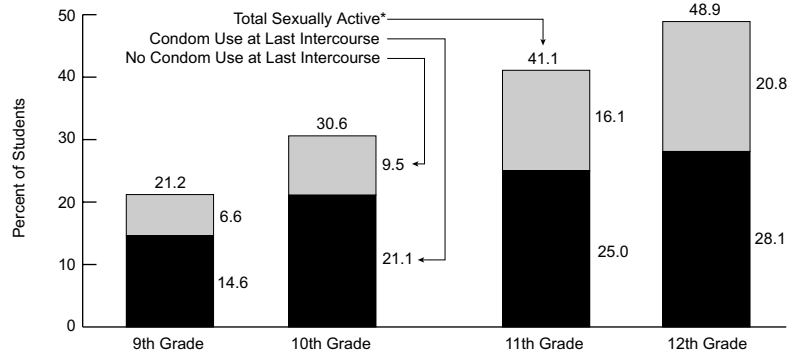
Source (II.8): Centers for Disease Control and Prevention, Youth Risk Behavior Survey



*Have never had intercourse.

Condom Use Among Sexually Active High School Students, by Grade: 2003

Source (II.8): Centers for Disease Control and Prevention, Youth Risk Behavior Survey



*Had sexual intercourse during the 3 months preceding the survey.

SEXUALLY TRANSMITTED INFECTIONS

Adolescents (ages 15 to 19 years) and young adults (ages 20 to 24 years) are at much higher risk of contracting sexually transmitted infections (STIs) than are older adults. Within these age groups, reported rates of chlamydia, gonorrhea, and syphilis are significantly higher among non-Hispanic Black youth than youth of all other reported racial and ethnic categories. Rates of STIs among Hispanic adolescent and young

adults are about twice those of non-Hispanic Whites.

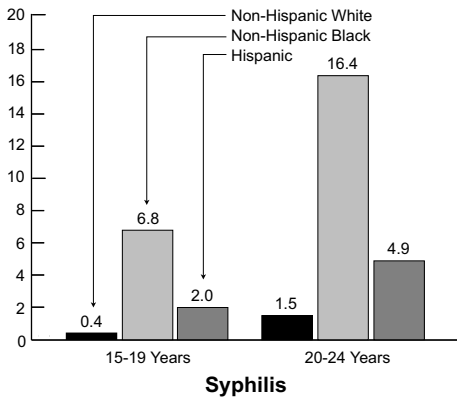
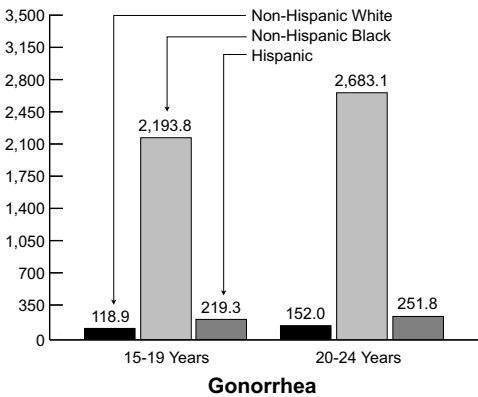
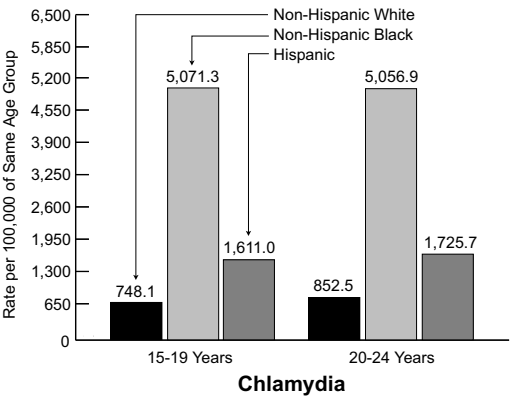
Chlamydia continues to be the most common STI in adolescents and young adults, with a rate of 1,524 cases per 100,000 adolescents and 1,605 per 100,000 young adults. Gonorrhea followed in prevalence with an overall rate of 443 cases per 100,000 adolescents and 529 cases per 100,000 young adults. Syphilis is less common among young people and the population as a whole. In 2003, the rate of syphilis was 1.6 cases

per 100,000 adolescents and 4.3 cases per 100,000 young adults. For each of these conditions, rates are slightly higher among 20- to 24-year-olds than among adolescents.

Although these conditions are treatable with antibiotics, STIs can have serious health consequences. Active infections can increase the likelihood of contracting HIV and untreated STIs can lead to pelvic inflammatory disease and infertility in women.

Sexually Transmitted Infections Among Adolescents and Young Adults, by Age and Race/Ethnicity: 2003

Source (II.9): Centers for Disease Control and Prevention, STD Surveillance System



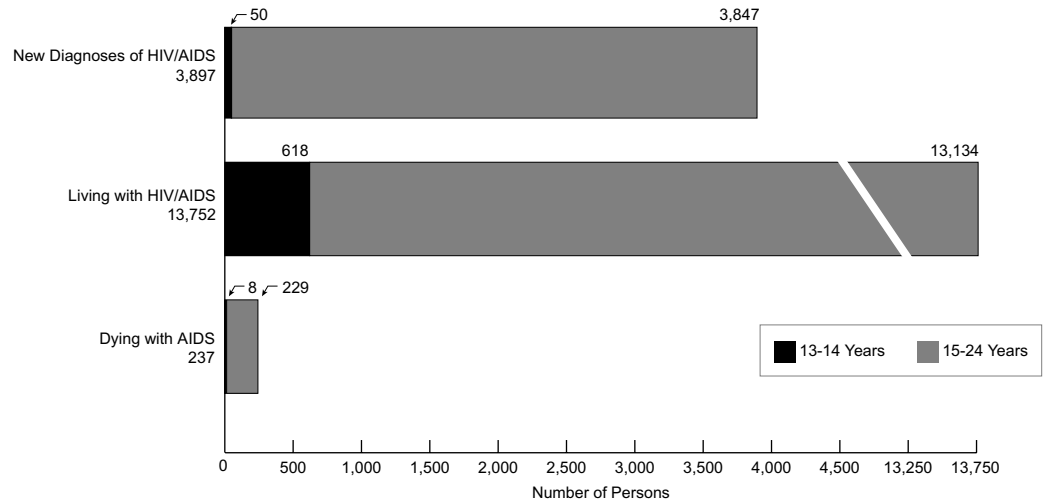
ADOLESCENT AND YOUNG ADULT HIV/AIDS

In 2003, 3,897 people between 13 and 24 years of age were diagnosed with HIV/AIDS,* representing 12 percent of all diagnoses. The number of AIDS cases diagnosed among this age group was 2,050 in 2003, and 38,490 since the epidemic began in the early 1980s.

There were 13,752 people 13 to 24 years of age living with HIV/AIDS in 2003, representing approximately 4 percent of all cases. Among people who died with AIDS in 2003, just over 1 percent (237 persons) were 13 to 24 years of age. Since the beginning of the epidemic, over 10,000 adolescents and young adults have died with the disease. While the number of people living with HIV/AIDS has increased in recent years, the number dying with the disease has decreased due in part to the availability of effective prescription drugs to combat the disease.

Number of Persons Ages 13-24 Diagnosed with and Living with HIV/AIDS,* and Dying with AIDS, by Age: 2003

Source (II.5): Centers for Disease Control and Prevention, HIV/AIDS Surveillance System



*This includes persons with a diagnosis of HIV infection only, a diagnosis of HIV infection and a later AIDS diagnosis, and concurrent diagnoses of HIV infection and AIDS.



PHYSICAL ACTIVITY AND OVERWEIGHT

Results from the 2003 National Youth Risk Behavior Survey show that 62.6 percent of high school students regularly participated in sufficient vigorous physical activity, and almost 25 percent participated in sufficient moderate physical activity. Just over half (51.9 percent) performed regular strengthening exercises, while 57.6 percent played on one or more sports teams. Nationwide, 55.7 percent of high school students were enrolled in a physical education class on one or more days a week, although the percentage is far higher in the younger grades (71 percent of 9th graders) than in the older grades (39.5 percent of 12th graders). The percentage of students attending daily physical education classes has dropped from 42 percent in 1991 to 28.4 percent in 2003.

While 12.1 percent of high school students were overweight in 2003, 29.6 percent described themselves as overweight and 43.8 percent were trying to lose weight. Among all racial and ethnic groups, males were more likely to be overweight than females (17.4 versus 9.4 percent), while females were more likely than males to perceive themselves as such (36.1 versus 23.5 percent).

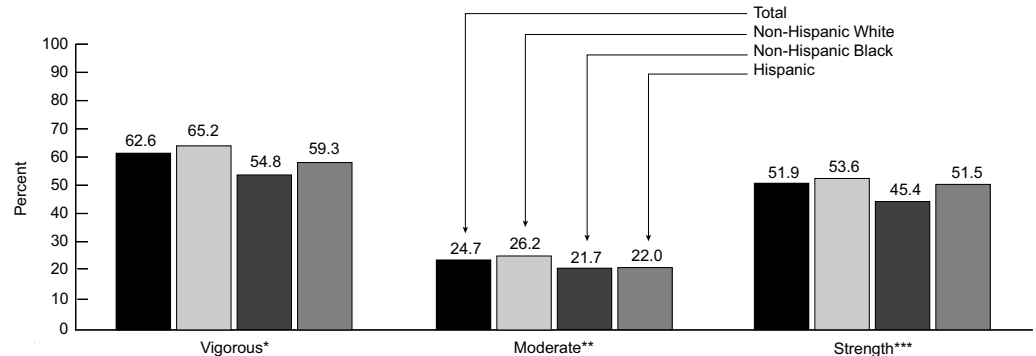
In an attempt to lose weight or to prevent themselves from gaining weight, 42.2 percent of students engaged in healthy behaviors such as eating less food, fewer calories, or foods lower in fat. In addition, 57.1 percent of students exercised for the same purpose. Females were more likely to engage in such weight control behaviors than males; 56.2 percent of females used food as a way to control weight compared to 28.9 percent of males, and 65.7 percent used exercise compared to 49 percent of males. In contrast to these healthy behaviors, 13.3 percent of students

went without eating for more than 24 hours in an attempt to lose weight, 9.2 percent took diet pills, powders, or liquids without the advice of a doctor, and 6.0 percent vomited or took laxatives. Again, such behaviors are more common among female students than males.

The HealthierUS Initiative—available online at www.healthierus.gov—provides credible, accurate information about physical fitness, nutrition, and prevention to help Americans of all ages to make healthy choices.

Physical Activity Among High School Students, by Race/Ethnicity: 2003

Source: (II.8): Centers for Disease Control and Prevention, Youth Risk Behavior Survey



* Activities that caused sweating and hard breathing for at least 20 minutes on 3 of the 7 preceding days.

** Activities that did not cause sweating or hard breathing for at least 30 minutes on 5 of the 7 preceding days.

*** Activities such as push-ups, sit-ups, or weightlifting on 3 of the 7 preceding days.

MENTAL HEALTH
TREATMENT

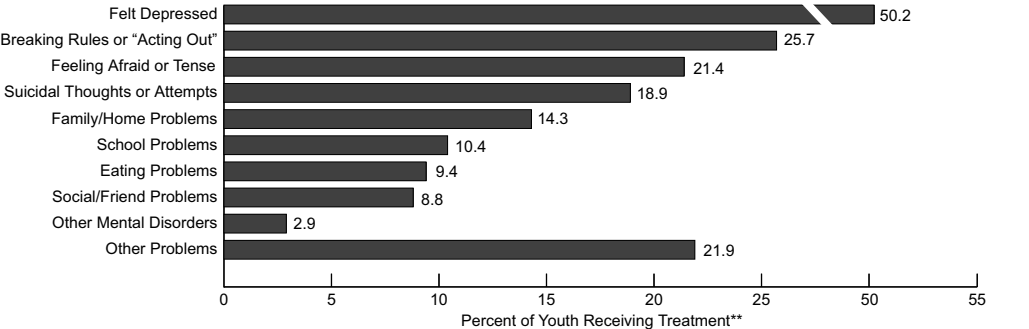
In 2003, 20.6 percent of youth 12 to 17 years of age received mental health treatment or counseling. The most commonly reported reasons for seeking counseling were feeling depressed (50.2 percent), breaking rules or “acting out” (25.7 percent), feeling afraid or tense (21.4 percent), and suicidal thoughts or attempts (18.9 percent).

There was little variation in mental health treatment rates among youth by age group or race and ethnicity in 2003. Females ages 12 to 17 years were more likely to receive treatment or counseling than males of the same age (22.4 versus 19.0 percent). Treatment rates also varied by family income, with the highest rate among youths with family incomes of less than \$20,000 (24.8 percent). Rates decrease as income increases, and youths with family incomes of \$75,000 or more had the lowest treatment rate (18.7 percent).

Among youth receiving mental health treatment/counseling, 48 percent went to a private therapist, psychologist, psychiatrist, social worker, or counselor. The second most common source of treatment was school counselors, school psychologists, or regular meetings with teachers (46 percent). Of youths receiving treatment, 9 percent were hospitalized for treatment of mental health problems.

Reasons for Mental Health Treatment/Counseling* Among Children Ages 12-17 Who Received Treatment: 2003

Source (II.10): Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



*Having received treatment or counseling from any of 10 specific sources for emotional or behavioral problems not caused by alcohol or drug use.
**Total is equal to more than 100% because respondents could indicate more than one reason for treatment.

VIOLENCE

Violence among adolescents is a critical public health issue in the United States. In 2003, homicide was the second leading cause of death among persons ages 15 to 24 years.

The Youth Risk Behavior Survey (YRBS) asks adolescents about their exposure to violence both in general and on school property. The 2003 survey found that 17.1 percent of high school students had carried a weapon (such as a gun, knife, or club) at some point during the 30 days preceding the survey. Males were four times as likely

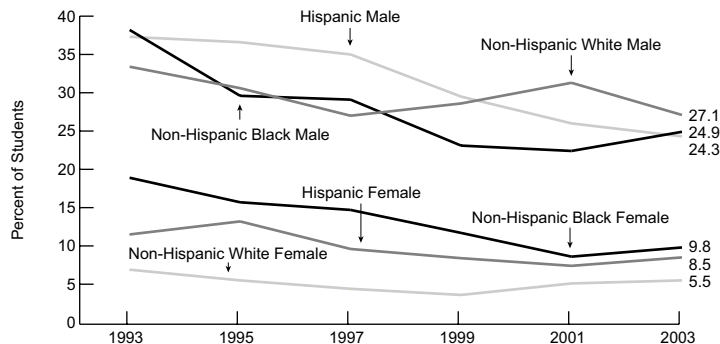
as females to carry a weapon (26.9 versus 6.7 percent); however, there was little difference among grades or racial and ethnic groups in likelihood of carrying weapons. Just over 6 percent of students admitted to carrying a gun in the preceding 30 days, and males were more than six times as likely as females to do so. Thirty percent of students had been in a physical fight at least once in the 12 months preceding the survey, and 4.2 percent had been injured in such a fight.

According to the YRBS, violence reaches high school students during school time. In 2003,

over 6 percent of students carried a weapon on school property on at least one of the preceding 30 days. Older students were slightly more likely than ninth graders to do so. Over 9 percent of students were threatened or injured with a weapon on school property in the preceding 30 days, a rate that consistently declined with increased grade level. Almost 13 percent of high school students had engaged in a fight on school property in the preceding 12 months, over 5 percent of students missed school on at least one of the 30 preceding days because of safety concerns.

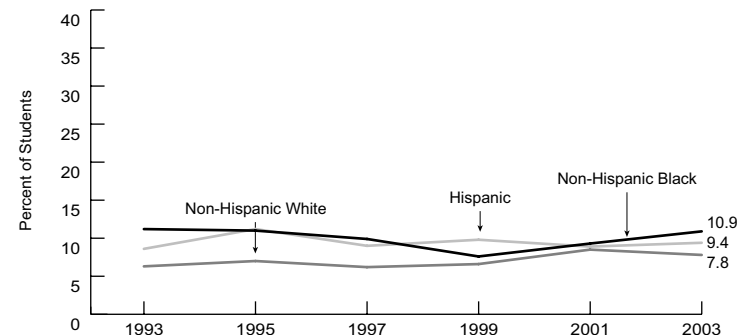
High School Students Who Carried a Weapon in the Past 30 Days, by Sex and Race/Ethnicity: 1993-2003

Source (II.8): Centers for Disease Control and Prevention, Youth Risk Behavior Survey



High School Students Threatened or Injured with a Weapon on School Property in Past 12 Months, by Race/Ethnicity: 1993-2003

Source (II.8): Centers for Disease Control and Prevention, Youth Risk Behavior Survey



SUBSTANCE ABUSE

Prevalence and Incidence. In 2003, 11.2 percent of adolescents ages 12 to 17 years reported using illicit drugs in the past month. The use of illicit drugs within the past month increased with age. Among 12- to 13-year-olds, 3.8 percent reported past-month use, compared to 19.2 percent of 16- to 17-year-olds. Rates of past-month illicit drug use were similar among non-Hispanic White, non-Hispanic Black, and Hispanic adolescents (ranging from 9.6 to 11.8 percent); American Indian/Alaska Native adolescents had the highest rate of past-month use among 12- to 17-year-olds (19.6 percent), while Asian adolescents had the lowest (6.5 percent).

Alcohol is the most commonly used drug among adolescents, with almost 18 percent of 12- to 17-year-olds reporting past-month use in 2003. Marijuana is the most commonly used illicit drug (7.9 percent), followed by the non-medical use of prescription psychotherapeutic drugs, such as pain relievers, tranquilizers, and stimulants (4.0 percent). Marijuana use is more common among male adolescents than their female counterparts (8.6 versus 7.2 percent), while prescription drug abuse is more common among females (4.2 versus 3.7 percent).

In 2003, 48.4 percent of 12- to 17-year-olds who smoked cigarettes in the past month also used an illicit drug, compared to only 6.1 percent of adolescents who didn't smoke.

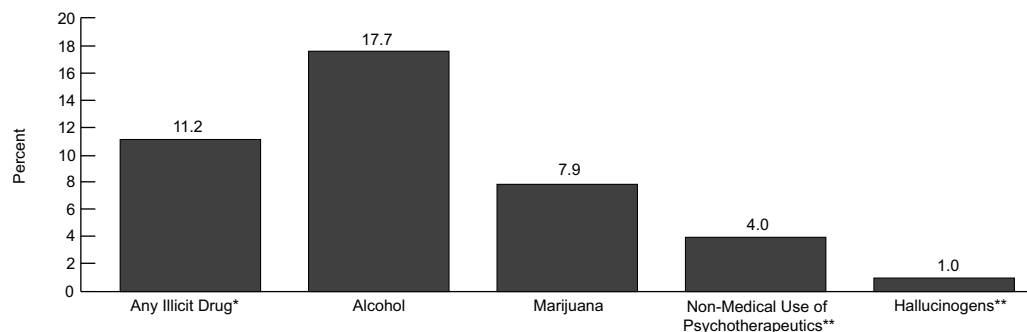
Perception of Risk and Access to Drugs. In 2003, 34.9 percent of adolescents perceived smoking marijuana once a month as a great risk, while 51.4 percent perceived the same risk regarding cocaine use. Smoking one pack of cigarettes a day was considered a great risk by 64.2 percent of adolescents. Among those youths who perceived marijuana as a great risk, 1.8 percent admitted to

using the drug within the past month; however, among youths who perceived it as a moderate, slight, or nonexistent risk, 11.2 percent reported marijuana use in the past 30 days.

In 2003, almost 54 percent of teens reported that marijuana would be fairly or very easy to obtain. The same was reported by 25.0 percent of youths for cocaine, 17.6 percent for LSD, and 15.3 percent for heroin. Just over 16 percent of adolescents reported being approached by someone selling drugs in the past month.

Past Month Drug Use Among Adolescents Ages 12-17: 2003

Source: (II.10): Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



*Does not include alcohol.

**Psychotherapeutics include prescription-type pain relievers, tranquilizers, stimulants, and sedatives; hallucinogens include LSD, PCP, and Ecstasy.

CIGARETTE SMOKING

As reported in the Monitoring the Future Study by the University of Michigan, cigarette smoking declined among 8th and 10th graders but increased slightly among 12th graders from 2003 to 2004. Among 8th graders, 9.2 percent reported smoking at least one time during the 30 days preceding the survey in 2004, compared to 10.2 percent during the previous year. The rate among 10th graders in 2004 was 16.0 percent, and the rate among 12th graders was 25.0 percent; this is compared to 16.7 and 24.4 percent, respectively, in 2003. These figures represent a 56 percent decline for 8th graders and a 47 percent decline for 10th graders since use peaked among those grades in 1996. Among 12th graders, use peaked in 1997 and has seen a more modest decline of 33 percent.

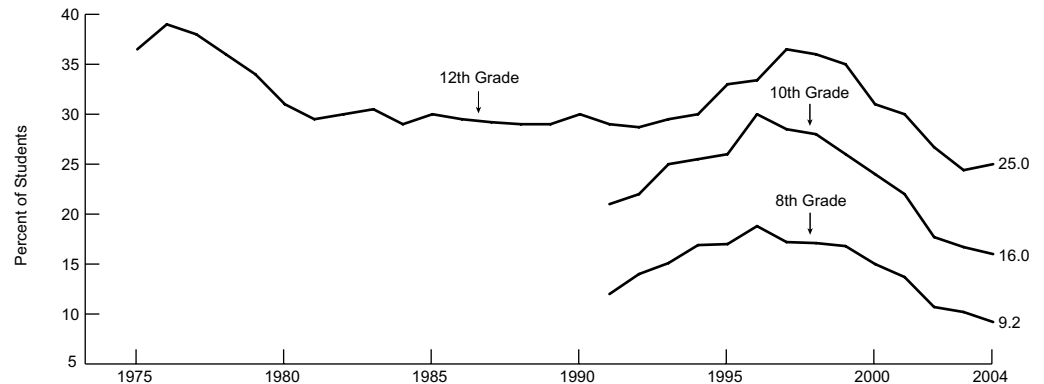
Factors that appear to have contributed to the decline include increases in perceived risk and disapproval of smoking, high cigarette prices, and anti-smoking advertising campaigns.

The prevalence of smoking among teens increased substantially between 1991 and 1996. These increases occurred in virtually every socio-demographic group: both sexes, those planning on attending college and not, those living in all four regions of the country, those living in rural and urban areas, and among Whites, Blacks, and Hispanics. Since 1996, rates have declined across all demographic groups consistently. Although absolute rates of smoking have declined among adolescents, certain subgroups are less likely to smoke than others. Students who are not

college-bound are more likely to smoke than college-bound high school students, and Black adolescents are less likely to smoke cigarettes than their White counterparts. The decline in rates of cigarette smoking since 1996 is likely to have important long-term health consequences for this generation of adolescents.

Any Cigarette Use Among High School Students in the Past 30 Days, by Grade: 1975-2004

Source (II.11): University of Michigan, Monitoring the Future Study



ADOLESCENT MORTALITY

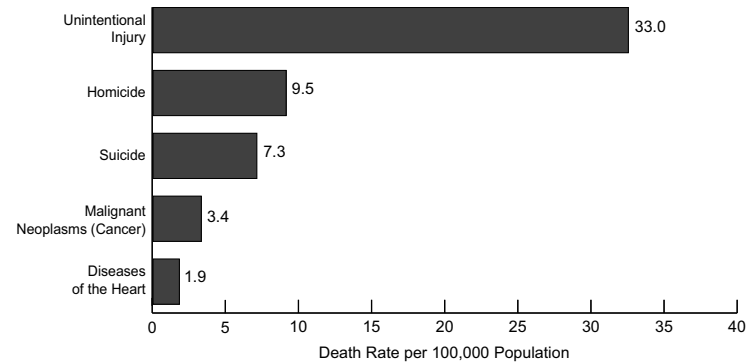
In 2003, 13,595 deaths were reported of adolescents aged 15-19 years. After a moderate increase for this age group in the early 1980s, death rates have since gradually declined. Unintentional injury remains the leading cause of death among this age group and accounted for approximately 50 percent of all deaths among adolescents 15-19 years of age in 2003. Homicide and suicide were the next leading causes of death, accounting for 14 and 11 percent, respectively, of all deaths within this age group.

Deaths Due to Injury. Within the classification of deaths due to injury or other external causes, motor vehicle crashes were the leading cause of mortality among 15- to 19-year-olds in 2003, and accounted for 50 percent of injury-related deaths among adolescents. Alcohol is a significant contributor to these deaths; nearly one-third of adolescent drivers killed in crashes had been drinking. Firearms were the next leading cause of injury death, accounting for 29 percent of injury-related deaths in this age group. Adolescent death rates due to motor vehicle injuries and

firearms were similar in the early 1990s until 1994, when they began to diverge. The rate of adolescent firearm deaths was recorded at 12.1 per 100,000 population in 2003, less than half the rate of motor vehicle injury deaths of 25.2 per 100,000.

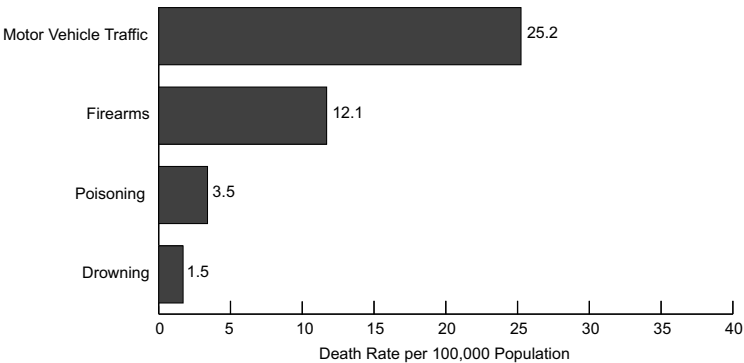
Leading Causes of Death Among Adolescents Ages 15-19: 2003

Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



Deaths Due to Injury Among Adolescents Ages 15-19: 2003

Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



ADOLESCENT MORTALITY FROM TRAFFIC AND FIREARM INJURIES

The two leading mechanisms of injury deaths among adolescents are motor vehicle crashes and firearms. In 2003, motor vehicle traffic caused the deaths of 5,169 adolescents 15-19 years of age. The vast majority of those killed were in motor vehicle accidents either as a passenger or driver. Deaths of pedestrians, motorcyclists, and others accounted for the remainder of motor vehicle mortality among adolescents.

Results of the 2003 Youth Risk Behavior Survey revealed that 18.2 percent of high school students had rarely or never worn seat belts when riding in a car driven by someone else. Additionally, 30.2 percent of students had ridden on one or more occasions with a driver who had been drinking alcohol in the 30 days preceding the survey.

In 2003, 2,469 adolescents aged 15-19 were killed by firearms. Of these, homicide accounted for 65 percent of firearms deaths, suicide accounted for 30 percent, and 4 percent were considered to be unintentional.

Adolescent Mortality from Traffic and Firearm Injuries: 2003

Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System

Traffic Mortality by Person Injured



Firearms Mortality by Intent

